

**EMORY & HENRY COLLEGE STUDENT EMPLOYMENT
TIME SHEET**

Time sheets are due by noon the first working day of the month in accordance with the schedule below. Time sheets may be turned in the drop slot in the door of the Chief Financial Officer's suite, the drop slot in the door of the entry room to the CSA office, or at the counter in the CSA office in Wiley Hall. Time sheets must be filled out completely and legibly with the student's printed name and student I.D. number; they need to be signed by the supervisor. Questions regarding student employment payroll should be directed to Pat Taylor, in the Chief Financial Officer's suite in Wiley Hall or extension 6814.

FOR OFFICE USE ONLY	
_____ Hours	_____ Code
_____ Hours	_____ Code
_____ Hours	_____ Code

Printed Name: _____

Student ID: _____

Department: _____

Week Beginning ____ / ____ / ____ Ending ____ / ____ / ____

	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
IN														
OUT														
TOTAL														

Week Beginning ____ / ____ / ____ Week Ending ____ / ____ / ____

	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
IN														
OUT														
TOTAL														

Week Beginning ____ / ____ / ____ Week Ending ____ / ____ / ____

	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
IN														
OUT														
TOTAL														

Week Beginning ____ / ____ / ____ Week Ending ____ / ____ / ____

	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
IN														
OUT														
TOTAL														

Student's Signature (Please sign in ink)

I certify that this is a true statement of hours worked and that all work was performed in a satisfactory manner. I approve _____ hours to be charged to student employment account number _____.

Supervisor's Printed Name

Supervisor's Signature (Please sign in ink)